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I.—PERIOSTEAL REPRODUCTION OF THE CONDYLES OF THE HUMERUS AFTER EXCISION OF THE ELBOW-JOINT.

II.—PERIOSTEUM OF THE FOREHEAD TRANSPLANTED IN A RHINO-PLASTIC OPERATION. NO NEW BONE FORMED. NECROSIS OF THE EXPOSED SKULL.

By HENRY J. BIGELOW, M.D., Professor of Surgery in the Medical School of Harvard University.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Sept. 14th, 1857. O. P. F., aged 29, married, clerk. Is a light-haired, unhealthy-looking man. Family liable to scrofulous affections. Five years ago, while at work hoisting goods, he struck his right elbow a violent blow, causing great pain. The elbow swelled, and he was laid up a fortnight. Since that time, whenever he struck this joint, it would swell up in a similar manner. Last July, a fistulous opening appeared a little outside of the olecranon, and a week or two later a second one broke out about two inches below the first. These discharge a thin, purulent fluid. A probe passes under the skin from one opening to the other. No diseased bone is felt.

From this date until March 27th, 1858, the record states that various sinuses formed and were laid open.

March 27th.—Etherized. Dr. Bigelow made an incision over the olecranon, and found in the bone a cavity with carious walls, the size of an almond. The diseased parts were removed by the gouge.

28th.—Very little pain. Doing well.

April 21st.—Abscesses continue to form.

June 19th.—*Operation by Dr. Bigelow.* Patient etherized. Joint opened by a semicircular incision, and the ulnar nerve sought and turned aside. The ends of all the bones were found to be much diseased, and about an inch of the ulna and an inch of the humerus were removed. The head of the radius was also excised. But little blood was lost. No arteries tied. The periosteum being firmly attached to the coral-like surface of the bone, was torn out from the

inequalities with strong forceps. Wound brought together by sutures. Flaps riddled by old fistulous openings. Arm placed on an angular splint, with water dressing. Evening.—Very little pain. Skin warm. Pulse 100. No haemorrhage.

22d.—Edge of wound looks sloughy. Comfortable. Stitches removed.

26th.—Pulse good. General condition as good as before operation. Edges of wound have opened and sloughed. Sinuses clean. No pain. Porter.

August 17th.—Wounds closing slowly. Discharge much diminished. Appetite good. Walks out every day.

22d.—Wounds flabby. No dead bone felt. Strap.

Sept. 5th.—General health is very good. Ulcers have contracted somewhat. Advised to go into the country, and is discharged.

Nov. 11th, 1858.—Since leaving the Hospital has been in the country. Has had more or less cough. Looks as well as when last seen. About a month after his discharge, an abscess opened, two inches below head of radius. Now, integument around elbow is red and inflamed. There are five fistulous openings which connect with one another and centre in a cavity formed by the removal of the bones. No dead bone can be felt. The discharge is very slight. No pain. Still keeps on the angular splint. Has made up his mind to have the arm off, and enters for the purpose of operation. House diet. Ale. Poultice.

16th.—Has more or less cough. Cod-liver oil, 3 ij., thrice daily.

20th.—*Operation.* Patient was etherized, and the arm amputated just above the elbow.

Feb. 28th, 1859.—Discharged, well.

It has lately been ascertained that this patient, who manifested indications of tubercular disease of left lung before his arm was removed, died of phthisis about Dec. 1st, 1859, the disease not having been arrested by the amputation.

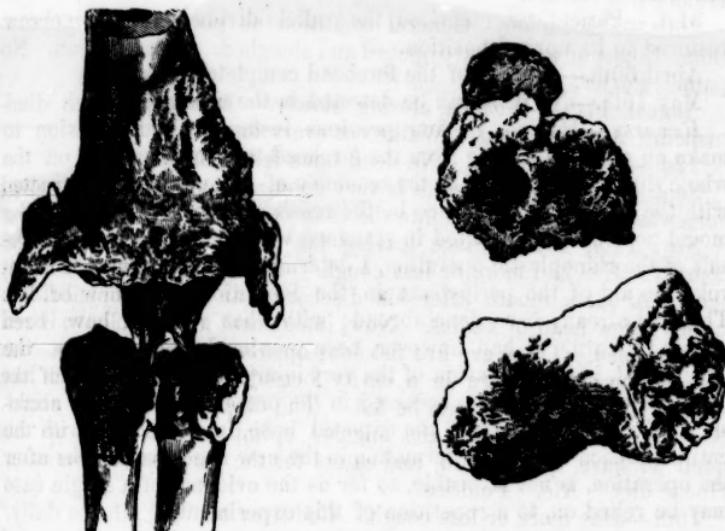
The interesting points in this case of excision of the elbow-joint are:—

1. The reproduction of the condyles of the humerus by the periosteum, which was torn from the interstices of the bone of both the original condyles. The horns which were reproduced for the insertion of the extensors and supinators and of the flexors are conical processes, each somewhat more than half an inch in length, and regularly curved forwards and inwards, as seen in the accompanying wood-cut from a photograph of the bone. The rugous surface of the excised condyles is also well shown.*

2. The unfavorable issue of this case corroborates what seems to be the fact, viz., that while the elbow is a most favorable joint for excision in cases of recent injury and in healthy subjects, yet when

* For a somewhat similar specimen, from the practice of Prof. Syme, of Edinburgh, the reader is referred to the *Lancet*, March 3, 1855.

this articulation which is so near the centre of the circulation, and which should therefore be well nourished, and prompt to take on reparative processes, becomes carious from disease, it implies a general feebleness of constitution, which calls rather for amputation than excision.



CASE II.—Dec. 1st, 1866. A. B., aged 22. This young woman, at the age of ten years, was attacked with scrofulous lupus, which resulted in the destruction of the principal part of the nose, including the bones and as far down as the alæ. A hole of the size of a silver dime, surrounded with cicatricial tissue, exposes the nasal cavity. The margin of the alæ remains half an inch wide and retracted into the cavity of the nose, especially upon the right side.

15th.—*Operation by Dr. Bigelow.* The alæ were dissected from their adhesions within the nasal cavity, and being cut square, left a margin a quarter of an inch in width. A flap was taken from the forehead, in the usual way, and brought into place so as to form a nose and unite at its lower margin, with that of the alæ and septum. In dissecting up the flap, the periosteum to which it was attached was carefully removed from the skull, in the hope that it would form a new bridge.

16th.—Wound looking well.

19th.—Every other suture removed.

25th.—It is now evident that the exposed bone is becoming necrosed.

March 2d, 1867.—The margins of the wound upon the forehead have shown little tendency to approximate over the exposed surface

of bone, the whole of which is dead, and is becoming gradually elastic and detached from the subjacent tissue. To-day (eleven weeks after the operation), forceps were introduced at the edge of the wound and the entire bony surface lifted off in two fragments, being itself a scale of almost papery thinness, and uncovering a healthy granulating surface.

31st.—Patient was etherized, the pedicle divided, and the eyebrow restored to its normal position.

April 30th.—Wound of the forehead completely healed.

May 15th.—No bone can be detected in the new nose.

Remarks.—Having, in four previous instances, had occasion to make an entire new nose from the forehead, and having been on the whole dissatisfied, owing to the tendency of the new nose to flatten, with the want of resemblance in the result of my own efforts to the model nose usually depicted in standard works on surgery as the result of the rhinoplastic operation, I determined in this instance to invoke the aid of the periosteum in the formation of a new bridge. This had already been done abroad; with what result, I have been unable to learn. I had, however, been previously deterred from the experiment, in apprehension of the very injury to the bone, which has been mentioned as having occurred in the present case. The necrosis of the whole surface of the exposed bone, in connection with the entire absence of osseous formation in the new nose five months after the operation, is not favorable, so far as the evidence of a single case may be relied on, to a repetition of this experiment.

EAR DOUCHE—A NEW INSTRUMENT FOR CLEANSING THE EAR.

BY EDWARD H. CLARKE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE importance of frequent and thorough cleansing of the external auditory meatus in cases of acute and chronic otorrhœa is manifest. Its necessity is pointed out by all writers on diseases of the ear. There are probably few general practitioners who have not had occasion to prescribe, especially for children, syringing the meatus with simple or medicated water. This is commonly done by means of a small syringe, made of pewter, glass, or gutta-percha. All such syringes, however well made, and however easily used by physicians, are not well adapted for the use of patients. They get out of order easily. They hold only an ounce of water, and often less, and consequently do not cleanse the meatus by a continued stream of water, but by a succession of jets. The piston rarely moves with ease, and the force requisite to start it on its course, often propels it, when started, with undue violence, and so throws the water from the syringe violently into the ear. The orifice of the ear is not infrequently irri-

tated or wounded by a repetition of attempts at syringing, till the patient refuses to submit to it. I have frequently met with cases, especially of young children, in whom the necessary cleansing of the ear was entirely neglected in consequence of these and kindred difficulties.

With the hope of obviating these disadvantages, I devised the instrument of which the accompanying cut will give a better idea than any description.



It is simply an adaptation of the nasal douche to the ear. It consists of a glass jar of the capacity of about a pint, and of a flexible tube three feet long. One end of the tube is attached to the jar, and the other end is furnished with a nozzle appropriate for the ear. By elevating the jar to a greater or less height, a continued stream of water is poured into the meatus with sufficient force to cleanse it thoroughly, and to do so without pain to the patient. I have used this instrument for the purpose of cleansing the ear in a large number of cases, and am satisfied with its action. It is preferable to the syringe for this purpose. It may be appropriately called the ear douche. It is manufactured and for sale by Messrs. Codman & Shurtleff, Tremont Row, Boston.

THE EXAMINATION OF THE EXTERNAL AUDITORY PASSAGE.

By HENRY L. SHAW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In the examination of the external auditory passage by the old method, great difficulty is often experienced in obtaining a satisfactory view of the bottom of the canal and membrana tympani. Many circumstances are necessary for effecting a thorough examination. In their absence, we are obliged to content ourselves with only an imperfect view. In some cases, as in the impaction of wax or the presence of foreign bodies in the passage, this is all that is needed; in a still larger number, a minute examination is not only desirable, but frequently indispensable, for a correct diagnosis. The failure to secure this minuteness of examination is due, as Troëlsch well says, "not to the great difficulty which attends the examination, but to the method employed."

A perfect view of the ear can only be obtained when the canal is straight and thoroughly illuminated. The bivalve speculum, the instrument most used to overcome the curve of the canal, frequently answers very well; and, when favored with good sunlight, is suffi-

cient to illuminate the bottom of the passage and give a distinct view of the deep parts. If, however, the light is poor, or the canal small or unusually curved, or if it is studded with hairs, it will be found oftentimes almost impossible to obtain a complete view of the membrana tympani.

The sensation produced by the use of this instrument is unpleasant, and not unfrequently painful. The cartilage of the meatus is susceptible of dilatation only to a limited extent, and in some cases all the force we may feel justified in using will not suffice to straighten the canal. The dilatation of the external meatus, even with the valuable aid furnished by pulling the external ear upward and backward, will not always overcome the curve of the canal. To effect this, we are obliged not unfrequently to insert the blades of the speculum far enough into the passage to dilate that portion which projects so prominently on the anterior wall, at about the junction of the middle with the outer third. However tolerant the meatus may be of this usage, it is quite certain that the inner portion of the canal will not admit of much dilatation without danger of harm following. A serious objection to this speculum, and also to the conical, when the old method of examination is employed, is that the observer is obliged to stand between the patient and the light, and in his efforts to obtain a good view of the bottom of the canal is constantly troubled by shadowing the light. This speculum also requires the use of both hands, which is a serious disadvantage in those cases requiring the application of local remedies.

The conical speculum of Wilde is a much more efficient instrument, inasmuch as it has all the advantages of the bivalve without the disadvantages which attend the use of the latter. With it, the straightening of the canal is easy and effectual, and the dilatation of the meatus is rendered unnecessary. It also affords complete protection to the walls of the passage, which is a great desideratum while making caustic applications. When inserted far enough into the passage (as it can generally be without producing pain), it will usually remain in the position in which it is placed without being held.

The old method of illuminating the ear by the aid of direct sunlight, or white light, which is still so generally employed, is very inefficient when compared with that of Troëlsch, the prominent feature of which is the substitution of reflected for direct light. His method consists in the use of a conical speculum and a concave mirror of glass or metal, three inches in diameter and about six inches focal distance. The centre is perforated, or the quicksilver scraped off, forming a clear space for the eye of the observer. Accompanying it is a frontlet bandage, by which the mirror can be attached to the forehead, as in the use of the laryngoscope. Its connection with the mirror is by a ball-and-socket joint, thus allowing it to be fixed in any position desired, and ensuring a great latitude of motion.

Persons not practically familiar with the use of this instrument, can hardly realize the great advantage it has in enabling us with facility to examine the bottom of the canal and membrana tympani with a degree of minuteness hitherto attainable with difficulty. By its use we are no longer dependent upon the weather, it being applicable with artificial as well as solar light. The mirror may be used with sunlight. For a long examination, however, this is often too dazzling, and for the detection of minute changes in the membrana tympani it will not answer so well as white light, such as we have in very pleasant weather. This is, on the whole, the best illumination obtainable, as it gives a more correct idea of the color and actual condition of the parts. From the great uncertainty which attends the weather, recourse must be had to artificial light, which will be found an efficient substitute. On this kind of illumination we are obliged to depend, and when bright enough it will be found sufficient for the detection of minute changes at the bottom of the canal. It is a great advantage in the use of artificial light to bring it on a level with the ear to be examined. This can be readily done by the aid of a stand with a movable arm. The best light is that afforded by an argand gas burner, behind which is placed a large concave mirror. It can be arranged on the movable arm of a stand similar to that used in examination with the ophthalmoscope. For office practice this will be found very convenient. The ordinary kerosene lamp answers for illumination very well; it is, however, far less efficient than the preceding. In the use of the mirror, the patient is placed sideways, with the ear to be examined turned away from the light. By using the speculum and mirror in concert, we can bring into view any portion of the canal or membrana tympani desired. By wearing the mirror on the forehead, the liberty of the right hand is ensured, which is almost indispensable in the removal of polypi, foreign bodies, &c. If necessary, the speculum can usually be fixed in the passage, thus allowing the freedom of both hands. Some tact is requisite in using the mirror advantageously; this is, however, easily acquired. A little practical experience will convince any one that the claims of Prof. Troëltsch as having introduced an improved method for the examination of the ear are well founded.

Boston, May, 1867.

THREE CASES OF ACUTE RHEUMATISM TREATED WITH SYRUP
OF LIME.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Mr. J. I., æt. 56, thin and flabby in flesh. Attacked March 27th; came under treatment March 30th, by the syrups calcis, as advised by Dr. Buckingham, thirty drops every three hours in a half-cupful of milk, with fifteen drops of Dr. Squibb's liq. opii comp.

p. r. n. The toes, ankles, fingers and wrists were red, swollen and acutely painful.

March 31st.—Increased syrup. calcis to thirty-five drops, and the next day discontinued opiate.

April 6th.—The redness and swelling nearly gone, and no pain except a lameness on motion. Ordered syrup of lime to be taken but three times a day.

9th.—Informed patient was not as well, and, April 10th, he was seen and the medicine ordered in doses of two thirds of a teaspoonful every three hours. Patient tried the syrup in water and in thin gruel, but gladly returned to the milk as ordered, having got a very disagreeable caustic effect.

12th.—Patient sitting up. No signs of disease, except slight swelling and soreness in one foot. Medicine ordered three times a day for two days, and visits discontinued.

CASE II.—Mr. O. K. N., æt. 29; in good condition. Attacked April 5th; seen April 6th. Ankles, knees and one foot red, swollen and keenly painful. Treatment as at first in Case I., excepting larger opiate required, especially April 7th, when both wrists and one shoulder were excruciatingly painful.

April 14th.—Patient sitting up; has but slight pain on motion, and none when quiet.

16th.—Patient requested permission to go out, which was not allowed until April 19th, when there was but a slight lameness to remind of the disease.

CASE III.—Mrs. B. M., æt. 26; not very strong, and had been nursing babe nine months. Attacked April 11th; seen April 16th, having meantime been under treatment by another physician. Both legs and one arm and hand helpless and very painful; pulse 115, and much worn out with want of sleep. Treatment as in Case I. Great relief from the opiate (and I would here remark that I have found, as a general rule, less disagreeable effects after administering Dr. Squibb's liq. opii comp. than after any other preparation of opium).

April 19th.—Severe conjunctivitis and scleritis of right eye, which, on the 20th, affected both eyes. No appearance of iritis. No pain in limbs, except on motion. Syrup of lime increased to forty-five drops every three hours.

25th.—Patient sitting up. No redness or swelling, but considerable lameness on motion. Eyes much improved. Medicine reduced to four times a day.

28th.—Walked across the room.

30th.—Sat up three hours. Lameness much decreased. Visits discontinued.

Haverhill, Mass., May 15, 1867.

S. K. T.

Reports of Medical Societies.**EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.
BY W. H. TRAVER, M.D., SECRETARY.**

Tumor of the Chest; Death.—Dr. CLAPP reported the case and exhibited the specimen.

The patient, a man, aged 26 years, was taken ill in July last; areolar tissue about the eyes edematous. The superficial bloodvessels of the head and eyes were greatly distended; action of the heart and pulse feeble. The physical signs of the chest were normal except over the region of the tumor and heart, where there existed some dulness on percussion. In October, Dr. Clapp performed paracentesis thoracis, and drew off five pints of serum. The patient died Nov. 4th.

Autopsy, twenty-four hours after death. Rigor mortis well-marked. A tumor was found in the upper part of the chest, of the size of a pint bowl, extending to the trachea, involving the thyroid gland, and extending down as far as the pericardium.

Two pints of serum were found in the chest, and one and a half pint in the pericardium.

The grandfather and aunt of the patient died of cancer. Other organs healthy.

Strangulation of the Intestines, resulting in Death.—Dr. COLLINS reported the case and exhibited the specimen. The patient was a female, aged 38 years.

Autopsy, twenty hours after death. All the small intestines except a few inches at either extremity were deeply congested, and in some portions almost black. Near the upper part of the small intestines was a band of mesentery which had become adherent to the free border of the intestine, thereby forming a loop through which the intestines passed. The strangulated portion included nearly all of the jejunum and part of the ileum, commencing just below the duodenum. In the band was a tumor of extravasated blood about the size of a walnut, hard and black. There were several other bands, formed by adhesion, or strips of organized false membrane in several parts of the intestines.

Tumor, removed from the Inguinal Region.—Dr. CASWELL reported the case and exhibited the specimen.

The patient was a young married woman, 19 years of age, having been married three years. The tumor was as large as a goose egg, and situated above Poupart's ligament, extending in its long axis from about one inch below the anterior superior spinous process of the ilium towards the symphysis pubis.

It was freely movable except towards its attachment to the ilium, and seemed to be covered by integuments only.

In the operation, however, it was found that the abdominal muscles had become excessively thin, and the tumor lay for half its extent upon the peritoneum. There were but two small arteries that required a ligature, one in the integuments, and one in the fascia. A short time after the operation there was copious hemorrhage, which seemed to proceed from a general oozing, and which was checked by the attending physician by the application of Monsel's styptic. Since that

time she has made good progress towards recovery, with no unfavorable symptoms.

Dr. Caswell was of the impression that the tumor was of a malignant nature.

Foreign Body in the Lungs; removed by Coughing.—Dr. MANN reported the case. The patient, a middle-aged farmer, during a paroxysm of coughing, expectorated a ten-cent piece.

The patient swallowed the piece eight years ago, but supposed it had passed into the stomach. He had had repeated attacks of irritation of the lungs, accompanied by pain and "fits" of coughing.

At the time of the removal of the piece, his cough was considerably severe, and he was taking some expectorating medicine. There has been no return of the cough, or pain in the lungs.

Apoplexy during Labor; Death.—Dr. ROBINSON reported the case.

The patient, aged 25 years, a native of Ireland, when first seen by Dr. Robinson was in labor with her second child. Labor pains slight; patient comfortable and walking the room. Two hours passed without any perceptible change in the condition of the patient; when she suddenly complained of dizziness, the pains increased in severity, she was helped upon the bed, and died in fifteen minutes.

There was no œdema of the legs or convulsions. Habits spare, health good up to the time of the attack. No autopsy.

AMERICAN MEDICAL ASSOCIATION.

(Continued from page 340.)

Medical Statistics in the Army.—Dr. Benjamin Howard, of New York, offered the following preamble and resolutions:—

" WHEREAS, There has been issued, and still remains in force, an official order from the Surgeon-General of the United States Army, prohibiting the communication of any medical or surgical information by any medical officer of the United States Army, to any person whatsoever, without special permission from the Medical Bureau at Washington—thus appropriating, as far as the official power of the Surgeon-General can compass it, all the valuable experience and statistics of all medical men who have served in the various departments of the United States Army, to the exclusive use of the Medical Bureau. And,

" Whereas, Under such arbitrary control, an official report has already been made tending to create incorrect impressions on scientific questions of great practical importance to the profession and to society. And,

" Whereas, It is important to the reputation of all medical men who served during the war, that they have the opportunity of correcting such erroneous impressions by an examination of the original records. Therefore, be it

" Resolved, That it is the opinion of this Association that the monopoly now exercised by the Medical Bureau over the medical and surgical records of the war, is contrary to the genius and catholic spirit of our profession, and obstructive to the highest interests of science and humanity.

" Resolved, That the Secretary of War, or other proper authorities, be requested to direct that the original records of the Medical and Surgical History of the War be rendered accessible on certain regular days of each month for purposes of scientific investigation to all medical men who have served as such in the Army of the United States."

Dr. Howard spoke at length in support of the resolution. He dwelt upon the jealousy of departments against interference on the part of outsiders. He did not aim at any one in particular as a target; he spoke for the benefit of his profession.

Dr. Woodward asked for the reading of the preamble and resolution. He then objected to the ventilation of private grievances on the part of any member. The Surgeon-General of the Army, a most efficient officer, was striving to do his duty to the profession; he did not wish those who had contributed nothing to interrupt the business of his bureau for searches. Besides that, the records of the office were now being consulted for the adjustment of pension claims—indiscriminate disturbance of these records was out of the question. He therefore moved that the resolution be laid upon the table, which was carried by a very decided vote.

After the reading of the Report on Medical Literature, Dr. Sayre protested against certain portions as being too highly laudatory of the Board of Health of New York, and as containing matter foreign to the scope of such a report. He also made some remarks upon cholera and quarantine, and claimed that there were few if any cases of that disease to combat, and that these same had been introduced by breakages of the quarantine.

Dr. Davis supported the spirit of the Committee's report, and moved that it take the usual course of reference to the Committee on Publication, which was adopted.

Dr. Hibberd offered the following:—

"Resolved, That the habit of using unofficinal preparations of medicine by physicians, except where there is no officinal preparation that will answer the purpose as well, is unscientific and imprudent, tending to demoralize the therapeutist and encourage irregular pharmacists and nostrum makers, and should be abandoned.

"Resolved, That the profession should not patronize druggists who are engaged in the manufacture of nostrums."

On motion, tabled. The Association then adjourned.

THIRD DAY.

The Association met again on the 9th, the hall being full, though not as crowded as on the 8th. President Askew called the meeting to order.

Dr. D. H. Storer arose to a question of privilege, namely, the honor of the Association. It was in debt, and its first duty was to take measures to relieve its executive officers from their embarrassments. He moved that every member be assessed a tax of two dollars to raise the necessary funds.

On motion, he was requested to prepare a subscription paper, and lay it upon the table for voluntary contributions.

Female Physicians.—Dr. Atlee, of Philadelphia, offered the following:—

"WHEREAS, The subject of female education is exciting attention, and regularly educated female physicians have established themselves as practitioners of medicine; and

"Whereas, Female Medical Colleges, embracing all branches taught in other colleges, and all the conditions for graduation exist in the United States for the separate education of females; and

"Whereas, it is important that the standard of education and the observance of the code of medical ethics should be fostered and maintained by this Association, therefore

"Resolved, That the American Medical Association recognizes well-educated female physicians by the same laws that govern its own members."

Dr. Bowditch arose to a point of order, and reminded the President that the Association had postponed the order of the day for five minutes to allow Dr. Storer's question of privilege. He claimed that the five minutes had expired, and he moved to lay the resolutions on the table, which motion prevailed without a negative vote.

Report on Insanity. Dr. C. A. Walker, of Boston, read the report of Dr. I. Ray, of Providence, R. I., on Insanity. It was an able and interesting paper.

Dr. Chipley, of Lexington, Ky., offered some remarks in vindication of the Superintendents of Insane Asylums, with reference to their connection with this Association. He referred to the fact that there were five such Superintendents present, who were a larger proportion of their class than the representatives of any other class of the medical profession present.

The report of Dr. Ray was referred to the Committee of Publication.

Nominations and Place of Meeting.—The Committee on Nomination of officers and place of meeting reported as follows:—

Place of Meeting—New Orleans.

President—Samuel D. Gross, of Pennsylvania.

Vice Presidents—A. C. Post, of New York; John H. Atlee, of Pennsylvania; D. W. Yandell, of Kentucky, and H. R. Storer, of Massachusetts.

Permanent Secretary—William B. Atkinson, of Pennsylvania.

Assistant Secretary—J. G. Richardson, of New Orleans.

Treasurer—Caspar Wistar, of Pennsylvania.

On motion of Dr. Davis, of Illinois, that portion of the report naming the place of meeting and officers resident there was laid on the table. The rest of the report was then adopted.

Dr. Davis remarked that the crisis had arrived, which he had long anticipated, when the matter of eating and drinking, and entertaining the Association had come to involve such an expense that no invitation had been extended in advance, by resident members of the profession, for the Association to meet in any city, and the Committee had reported New Orleans without an invitation from any one there. While there was no city in which he would like better to meet on personal accounts, and as a manifestation of reunion with the South, he felt that it would not be right to impose a meeting of the Association on that city. It was embarrassed in every relation of life, like all other places in that direction. It was impoverished, and though they would no doubt receive us with cordial and open hands, it would be wrong to tax them in that way. They could not vie with the liberality and extravagance of Cincinnati; or, if they did, it would be at a sacrifice we should not admit of. He would give them another year to recover, and an opportunity to invite us. He therefore offered the following:

"*Resolved*, That the next annual meeting of the American Medical Association shall be held in the City of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association."

"*Resolved*, That whenever the Association shall meet in the City of Washington, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever."

Dr. Yandell, of Kentucky, arose, and was urged to take the stand, where he said:—

"I have listened with pleasure, and derived some new light from the remarks of the gentleman from Chicago. I arise to explain the motives of the Committee in naming New Orleans, and in doing which I think I shall violate no confidence. When the place of meeting was called for, Dr. Horatio R. Storer, of Massachusetts, proposed New Orleans. The motion was seconded by Dr. Alonzo Palmer, of Michigan. As one of the few representatives from the South, I chanced to be in the Committee, and was asked my opinion in reference to New Orleans. I confess to you, gentlemen, that I never listened to a proposition in all my life which excited such emotions in my breast as this motion, coming from Massachusetts, and seconded by Michigan, to take this great body of brothers across the crimsoned waste of war and hold out the hand of fellowship to their brethren in the South. [Cheers.] I confess to you, that when Dr. Storer, of New England, and Dr. Palmer, of the mighty West, moved that we thus extend the hand of brotherhood to the medical profession in the South, I could not restrain my emotions from bringing tears of joy to my eyes.

"The first question was, whether it would be acceptable to New Orleans. I felt that I had some right to speak for the profession in New Orleans. My excellent father and myself had taught many of them as students of medicine. I had served with them, and was personally acquainted with most of those who had been in the Southern army. I knew they felt as I feel, that when peace came in 1865, we had been united again; in fact, that we had never been divided; that though politicians separated us by geographical lines, still the great republic of letters was one: that

"'No pent-up Utica contracts our powers,
But the whole boundless continent is ours!'

"In the great republic of science all geographical lines should be obliterated. We of the South, and you of the North, the East, and the West, have a common heritage. The ashes of the illustrious Drake lie in your beautiful cemetery here. Have we of the South no claim to or interest in his name and his fame? Have you of the North no interest in the long list of great and good men who adorn the profession in the South? No interest in those whose labors have added glory not only to medicine but to the nation?

"Hence I said I believed every man in the South, in that land of flowers, of the mocking bird, and of beautiful women, waited but to have your hands extended to them to give you a welcome. [Cheers.] I said to the Committee that New Orleans was poor, that the whole South was poor, but that you would not be less welcome to sit under our vines and to take the fruit from our fig trees; that we could not give you such splendid entertainments as Cincinnati has done; but we could do what was better than eating and better than drinking; we could give you the warm grasp of the hand that you would take with you in memory to your homes. In view of this the Committee honored itself and honored New Orleans by selecting that place for its next meeting.

"I see the objection of Dr. Davis, but if he proposes to do no eating and no drinking at the next meeting, New Orleans is a better place than Washington City. [Applause.] If you want to put the Medical Association on low diet, go down there. [Cheers.] But the very reason of all others which should take the Association south of Mason and Dixon's line—if such a line there be now—is that the Southern people are not able to come to you. They are not here today because they could not afford to come. But they would welcome you to their homes. If you do not go to New Orleans, then go to some place within their reach."

Dr. Griswold, of Ohio, moved to substitute Knoxville, Tenn., instead of Washington City.

Dr. Sayre moved to substitute New Orleans, as in the original report. He thought that, with Dr. Davis's resolution of restriction as to entertainments, there would be no objection to that place.

Dr. Cox, of Maryland, indorsed all that had been said by his friend from Kentucky; he was proud that one man from the South had express-

ed himself as standing on the platform of the union of the medical profession. He never supposed there would be any difficulty in re-uniting the profession of medicine after the war was over. As to the entertainments of the Association, he was in favor of them, and thought if Dr. Davis's measure was adopted, the usefulness and attendance of the Association would be impaired. In England they did far more eating and drinking than was done here, and yet they accomplished a large amount of work.

Dr. D. H. Storer, of Boston, said the object of these meetings was to bring as many of the profession together as possible, and they should be held in such places as would accomplish that object. We should not meet where we have not been invited by resident members. The probability was we would be well received, but we ought to wait for a proper invitation. Ought we to go when we know there are a great many there who would wish us anywhere else?

The hour having arrived for the steamboat excursion, the whole subject was laid upon the table.

The Steamboat Excursion.—The new and gorgeous three-deck mail line steamer America, tendered by the mail company to give the gentlemen of the medical profession a river excursion, was ready at 12 o'clock. The refreshments for the trip were furnished by the munificence of the City Council, and tickets of invitation had been freely distributed. The members of the Convention and their ladies made their appearance at 12½ o'clock, and the boat was soon under way, with over one thousand people on board. A band of music disengaged lively airs for the multitude. The upper deck was covered with a brilliant throng, and strangers took especial delight in looking upon the picturesque shores of the beautiful river, with their vineyards and orchards and villages. The boat proceeded to North Bend and back in gay and festive style, making race-horse time. Large as was the number on board, the boat was not uncomfortably crowded. It must be admitted, however, that the refreshment tables had to withstand a great pressure. Sparkling Catawba and other vivacious and inspiring fluids were very freely dispensed; but some modest persons who stood back, had the felicity of fasting while others feasted. A brief address of welcome to the distinguished visitors was made by Dr. G. H. Dougherty, of the City Council, and the guests gave cordial evidence of their appreciation of the hospitalities of the occasion. The boat returned promptly at the designated hour—3 o'clock.

Hospitalities to the Guests of the Medical Profession. Receptions in the Evening.—At Dr. Mendenhall's, West Fourth Street, there was a very pleasant gathering of citizens and gentlemen of the Medical Association. There were present, also, a number of young ladies of prominent families, who assisted in making the hour very pleasant to all, particularly the stranger guests. The entertainment of the evening was much enjoyed.

At Mayor Wilstach's, West Court Street, a band of music and a splendid collation greeted the guests, as well as the kindly attentions of the Mayor and his lady. There was a very large throng here, not only of strangers, but of citizens, with their wives and daughters. All who participated in the festivities carried away with them a grateful sense of satisfaction.

At Larz Anderson's, Pike Street, there was a splendid gathering

and an elegant entertainment. We found here quite a number of those who had been guests at Dr. Mendenhall's and Mayor Wilstach's.
[To be concluded.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 30, 1867.

SOME FURTHER IMPROVEMENTS IN MEDICAL SCIENCE.

The Sphygmograph.—An important instrument which modern science has placed in the hands of the physician for the better elucidation and understanding of disease, is the *sphygmograph*. Like the laryngoscope, it is comparatively of recent origin, and can hardly as yet be said to have been introduced to any considerable extent (in this country at all events) into practical use by the profession.

The purpose of the instrument, as may be well known, is to indicate to the eye, and to record in permanent form, the important and multiform, but fleeting impressions of morbid action conveyed by the pulse. It owes its origin to Vieordt, of Germany, but has been greatly modified and brought to its present state of accuracy and perfection by Dr. Marey, of Paris, after whom the instrument is generally named.

The sphygmograph, so far as we are aware, was first brought prominently to the notice of the profession in this country by Dr. J. B. Upham, of this city, who exhibited it to the Boston Society for Medical Improvement in December, 1865. Dr. Upham subsequently, during the winter of 1865-6, set forth before the same Society the utility of the invention in the diagnosis of obscure diseases affecting the arterial system, illustrating the point by reference to a series of original observations in his practice at the City Hospital. One or two interesting cases of thoracic aneurism were especially considered, in which *post-mortem* examination verified the presumed sphygmographic indications of that lesion during life. Thus was shown the value of the instrument (which would seem to be undeniable) as an aid in the appreciation of the sometimes very puzzling symptoms of aneurism when existing within the thorax. Dr. Upham has since exhibited, from time to time, as the result of his accumulated observations and experience, the pulse traces in the various forms of aortic and mitral disease, in affections associated with arterial degeneration, in fevers—both typhus and typhoid—in pleuritis, pneumonia, &c. &c. Those pulse traces, he says, by their manifest and marked variation from the healthy pulse-form, and from each other, show the exceeding delicacy of the instrument, and its power, with patient manipulation, to do all that Marey and his zealous co-workers have claimed for it.

We will add that M. Behier, in speaking of the various uses of the sphygmograph, mentions a case in which it was difficult to decide whether the patient was suffering from bilious disorder or incipient typhoid fever. Marey's instrument indicated the pulse of typhoid fever, and was considered to have settled the question.

The *variations of temperature* produced in the body by disease are now studied with much care in the hospitals of Paris. In an interesting letter from that city, published in the *Richmond Medical Journal*, is an account of some of the results arrived at in relation to typhoid fever.

Hamernyk, from the differences presented by the blood, from the symptoms and *post-mortem* appearances, lays down two distinct periods as marking the course of typhoid fever. The first period is one of *continued* fever, or at most slightly remittent. In the second period the fever becomes intermittent. M. Ladé establishes the same distinctions by means of the thermometer, which indicates, he says, a febrile temperature both morning and evening, for the first period, or that of continued fever. In the second, or intermittent stage, the apyretic temperature occurs in the morning.

In the *initial* part (lasting three or four days) of the first period the temperature is found to ascend to about forty Centigrade degrees (104 Fahrenheit), rising at the rate of about one degree in twenty-four hours. It ascends from morning till evening, remains stationary during the night, or sinks perhaps a fraction of a degree, and resumes its ascension the following morning. This is the course of things whether the fever is to be grave or mild, so that during the initial three or four days the thermometer affords no data for prognosis. Not so, however, it is claimed, as to the diagnosis. For, according to M. Ladé, if, after an acute affection has lasted thirty-six or forty-eight hours, the mercury falls to the healthy standard, the case is not one of typhoid fever. If a diminution of temperature does not take place, we have *probably* typhoid, but not certainly, since the continued elevation of the temperature has sometimes occurred in cases of a different nature. Where, on the other hand, there is a more rapid ascent of the mercury, as when it indicates by Centigrade 39°5, 40° or more, in six, twelve, twenty-four hours of indisposition, Ladé declares positively against a diagnosis of typhoid.

The maximum of temperature in typhoid fever is stated to be, as a general rule, between 40° and 40°5 Centigrade. This point having been reached, the *initial* portion of the first period has terminated. The remaining portion of that period, or its second division, lasts from ten to twenty days. Some three or four days of that second division having elapsed, the mercury begins to descend till the end of the first period. Throughout the descending scale the mercury is always higher in the evening than in the morning. And here, we are told, comes in a chance for prognosis. When the rise of the usual evening temperature is anticipated—that is, when the mercury begins to ascend before noon, and when the corresponding descent does not commence about midnight, there is danger. If, on the contrary, the temperature does not begin to rise till after mid-day, or better still towards night-fall, and does begin to descend by midnight, then the prognosis becomes more hopeful. Again, when the morning oscillation of the mercury downwards is but slight, there is cause for alarm. And, if the temperature for several successive mornings should be at 40° Centigrade, the case is set down as fatal. On this last point, however, the reporter of these observations thinks M. Ladé too absolute in his conclusions.

We have now done with both divisions of the first period. When the *second period* has begun, "the morning temperatures fall to the healthy standard, whilst, for the first few days, the evening examination shows a comparatively high fever,"

which, however, in its turn gradually diminishes. This period usually lasts from one to two weeks, according to circumstances. When convalescence is fully set up, the temperature is at the healthy standard, the evening indications being only a few tenths of a degree higher than those for the morning.

During the last epidemic of cholera, M. Prompt studied the variations of temperature of that disease, in the patients at the hospital St. Antoine. M. Prompt found the temperature of the axilla in a majority of instances higher than that of the mouth, while in the rectum the mercury was higher than in either the mouth or axilla. He also observed that when the mercury descended in all three of those regions simultaneously, death always ensued.

We have on file a contributed article which gives some cases illustrative of the use of the thermometer in disease.

The Dynamometer.—“Duchenne (de Boulogne),” says the correspondent we have referred to, “has invented a small portable dynamometer, which is so contrived that whilst it furnishes the muscular power of the individual in whose hands the instrument is placed, marks at the same time the moment when the exhaustion of the nervous system begins, and permits the rapidity of that exhaustion to be followed. The dynamometer is similar in its construction to that appended to an apparatus for the reduction of luxations.” It is sometimes called the *myograph*.

Variations of Weight in Disease, &c.—The last innovation from abroad we have to notice, at present, is the practice of ascertaining by the scales the variations of weight produced by disease and by certain remedies. Observations in this direction are made in the hospitals of Germany as well as those of Paris. They are also especially directed to the nurslings of the “Maternity” hospital. It is there ascertained that the infant should, after the first week of its life till the end of the fourth month, gain from twenty to twenty-five grammes (15.444 grains troy) per day. After the fifth month, the increase of weight is less rapid, being say from ten to fifteen grammes in twenty-four hours. This is manifestly far below the usual increase of weight in healthy infants in this country.

So far as the effects of disease are concerned, it strikes us that these observations have not a very practical bearing, since we can hardly think that much time is lost if we wait till emaciation becomes evident to the eye. Nevertheless, a system of accurate weighing may possibly develop unexpected results.

Without attempting to mention all the improvements our science is accomplishing, we close this article by alluding to the brilliant success of Dr. H. J. Bigelow in remedying ununited fracture, as developed in the article on that lesion, now in course of publication in this *JOURNAL*.

MATERIALISM IN THE PARISIAN MEDICAL SCHOOL.

THE spirit of infidelity, rampant during the first French Revolution when it worshipped the goddess of Reason, seems to have left a legacy, in the shape of materialism, to a portion of the present generation in Paris.

Some disorderly occurrences took place at the recent opening of the course on Therapeutics by the Faculty of Medicine of Paris. The affair, slightly alluded to by the *Union Médicale*, is more fully related by the *Phare de la Loire* of the 23d of March last, and the description given by the latter journal is quoted by the *Journal de Médecine de Bordeaux*, with the addition of appropriate comments.

We are informed that among the five new Professors was M. Séé, who had been appointed without previously passing the *concours de l'agrégation*. Although he had been presented by the Faculty, and had not been imposed upon them by the Government, the other *agrégés* got up a cabal against him. The great amphitheatre where he was to lecture was filled to overflowing when M. Séé entered to give the introductory address of his course. At once there is a tumult. He essays to speak. The tumult continues. There is an evident determination that he shall not be heard. A student by the name of Léonce Levrand descends the steps and demands the floor, which is yielded to him by M. Séé, and silence is obtained. M. Levrand begins thus:—"Messieurs! [the uproar is renewed] If you will not have me say 'Messieurs,' I will address you then by the appellation of 'Citizens.' [Prolonged applause.] Citizens! several Professors have been appointed, who, I believe, represent the ideas of progress, of materialism, of innovation. M. Séé, it appears, belongs to this phalanx. Yesterday we applauded M. Vulpian and M. Broca, who both opposed the old routine traditions. I believe M. Séé represents the same ideas. Hear him!"

Thunders of applause greeted these words. The sop had been thrown to Cerberus. The School of Medicine overlooked the slight to the *concours de l'agrégation* in their triumph at finding the new Professor an advocate of materialism.

This doctrine of materialism, now so popular in the Parisian School of Medicine, is thus set forth, according to the *Journal de Médecine de Bordeaux*, by the celebrated Moleschott. Thought is a movement of the cerebral matter, and that movement is a consequence of perception derived from the senses. Man is the resultant of his ancestors, of his nurse, of the place where, and the time when, he lives, of the air, of the weather, of sound, of light, of regimen, of clothing. His will is the necessary consequence of all these causes. It is allied to a law of nature, the manifestation of which we recognize in the relation of the planet to its orbit, and in that of the plant to the soil in which it grows. Every *savant* will logically arrive at the belief that * * * the thoughts have the same relation with the brain that the bile has with the liver, and the urine with the kidneys.

The writer in the Bordeaux Journal says he finds himself constrained to "secreto" from his brain the following consequences of such doctrine. This "gospel" rejects the unity of the human *ego* active, free, responsible, endowed with memory and reason, social and perfectible, loving and hating, capable of sentiments of justice and enthusiasm. It suppresses all the facts of consciousness that man discovers, and which he ascertains by intuition and reflection—everything which is not found in the organic cell; by vivisection; by the scalpel or the microscope; by the balance. Psychology is an illusion, self-devotion a chimera. The beautiful and the good are words devoid of sense, morals a question of alimentation, &c. Language, logic, eloquence as well as mathematics, poetry and the arts, are explained by the transformation of force.

The Faculty of Medicine, it is added, has reached a most serious crisis. For ourselves, we do not regret it. Better that evil should show itself where it can be met than that it should undermine secretly! Better that *matter* should approach the surface, where it can be dealt with, than that it should burrow out of reach! In an open contest between truth and error, we have no more doubt of the final triumph of the former than we have that light can conquer darkness.

NOVEL ABORTIVE.

WE learn from the *Union Médicale* that a female member of a religious establishment presented herself at a hospital in Naples for relief from acute pains in the breasts, the cause of which she refused to state. At the recital of her sufferings, the physician, suspecting something extraordinary, subjected her to an examination, which the patient underwent most unwillingly. But, instead of finding disease, the examiner discovered the development, the turgescence, and the other signs of pregnancy. Foreign bodies, having sharp points, were perceived upon pressure, which caused acute pains. Yet, the patient stoutly denied that any pin or needle had been introduced into the breast. Her statement, however, was soon falsified by the emergence through the skin of a sewing needle, which was extracted by forceps. She nevertheless feigned astonishment at this singular occurrence, insinuating that she had introduced the needle during sleep; and it was not till this explanation was spoiled by the extraction of thirty-two such, that, acknowledging herself six months pregnant, she stated that her confessor had counselled the insertion of the needles, as an expiation for her sins, and had introduced them himself. The object of the performance may be guessed.

Le procédé est piquant, says *l'Union*, or, as we should put it in English, the proceeding was sharp practice. And it may be added to the long list of other criminal measures, without fear of its being repeated.

The Cattle Plague in Belgium.—The Journal of the Brabant Agricultural Society informs us that this disease has just reappeared at Antwerp, in a stable containing only three cows. This is the twentieth time the cattle plague has invaded the region of Antwerp since the month of January of last year. Neither the source nor the route of the contagion have been traced out, but the former is ascribed to Holland (between which and Antwerp there is much commercial intercourse) and particularly to Amsterdam, which is considered the principal centre of infection for the low countries.

Connecticut State Medical Society.—The annual convention of this Society commenced in Hartford, on Wednesday, the 22d, and closed the next day. The following officers were chosen:—*President*—Dr. Charles Woodward, of Middletown. *Vice President*—Dr. S. B. Beresford, of Hartford. *Secretary*—Dr. Moses C. White, of New Haven. *Treasurer*—Dr. J. C. Jackson, of Hartford.

Wednesday evening the President of the Society gave a public address at the State House, and afterwards the convention was entertained by the Hartford physicians. Thursday the annual dissertation was read by Dr. Robert Hubbard, of Bridgeport.

Dental Convention.—The Connecticut Dental Association held its annual session in Hartford last week, commencing on Tuesday, and lasting two days. About forty delegates were present, and questions of interest to the profession were discussed. A resolution was passed in favor of the establishment of a New England dental journal, and Dr. A. Hill, of Norwalk, was appointed as the editor for the Connecticut Association. A committee was appointed to endeavor to secure the establishment of a dental professorship in Yale College.

An act passed by the last General Assembly of Ohio authorizes the establishment of a new Lunatic Asylum in the South-eastern portion of the State, and a board of trustees was appointed for the location and erection of the same.

Vital Statistics of Connecticut.—**BIRTHS.**—The report of the State Librarian shows 11,623 births reported during 1866, 1,421 more than in 1865, and 1,889 more than in 1864. The excess of births over deaths in the State was 4,103—greater than in any year since 1861. Of the babes, 6,046 were males and 5,526 females—the usual ratio. The autumn months were, in the order of nature, the most fruitful. May shows a preponderance of female births. There were 140 plurality births, of which New Haven claims 44 and Hartford 20. No less than 113 illegitimate births were reported—33 assigned to Hartford, 22 to New Haven. Colored children, 192.

MARRIAGES.—Of marriages, there were 4,978, which the Librarian calls a “very remarkable number.” It is 518 more than in 1865, and 871 more than in 1864. 1,447 were between parties one or both of whom were foreign.

DEATHS.—There were 7,520 deaths, or 430 less than in 1865, and the least number reported since 1861. There has, however, been an increase of 163 in the town of Hartford. Of the deceased, 3679 were males and 3738 females. During the years 1862 to 1865 inclusive, there were more male deaths than females, but the State has returned to the ante-war condition. There were 176 deaths of colored people—16 less than births. Under the age of five, 209 more males than females died; from five to ten years of age the mortality was equal; from ten to forty years, 237 more females were cut off; from forty to seventy, more men by 46 died; and after seventy, more women than men by 94. Of the 48 deaths from puerperal fever, Bridgeport returned 18. Last year the same town reported 16 of the 49 from the same cause. Seven people were killed by being struck by lightning—more than ever before. There were 39 suicides, of which Hartford County reports as usual, more than her share, namely, 14. Of the causes of death, may be mentioned consumption, 1132; pneumonia, 436; old age, 398; typhus fever, 332; cholera infantum, 304; dysentery, 234. Four men and three women have died over 100 years of age. There were drowned 47; frozen to death, 3; homicide, 6; suffocated, 9; starved, 4; poisoned, 17; and various other accidents, 103.—*Hartford Courant.*

THE Association of Medical Superintendents of American Institutions for the Insane met May 23d at the Pennsylvania Hospital for the Insane, West Philadelphia, and continued in session two days. Further particulars of the meeting will be given in a future number.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MAY 25th, 1867.

DEATHS.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Deaths during the week	41	39	80
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.3	38.7	78.0
Average corrected to increased population	00	00	66.87
Deaths of persons above 90	0	1	1

COMMUNICATIONS RECEIVED.—A remarkable case of Toxicohæmia, strikingly suggestive of Glanders.—On some of the Uses of Bromide of Potassium.—Phlegmasia Dolens.

DIED.—On board the bark Fredonia, during the passage from Fayal, May 5th, Dr. Alfred R. Bullard, of Dedham, aged 34 years.

DEATHS IN BOSTON for the week ending Saturday noon, May 25th, 80. Males, 41—Females, 39. Accident, 5—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—bronchitis, 2—cancer, 1—consumption, 13—convulsions, 2—croup, 1—diphtheria, 1—dropsy of the brain, 2—drowned, 2—dysentery, 1—epilepsy, 1—erysipelas, 2—scarlet fever, 5—typhoid fever, 1—disease of the heart, 2—infantile disease, 6—disease of the kidneys, 1—laryngitis, 1—inflammation of the lungs, 2—marasmus, 2—measles, 1—cerebro-spinal meningitis, 1—old age, 2—paralysis, 1—premature birth, 2—spina bifida, 1—smallpox, 5—tumor, 1—unknown, 7.

Under 5 years of age, 21—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 53—Ireland, 21—other places, 6.